

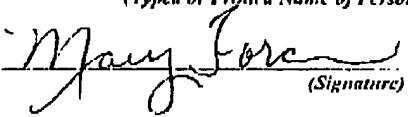
<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b> Applicant(s): <b>Jinhua Huang, et al.</b>			Docket No. <b>124615 (GEM-0032)</b>
Application No. <b>10/064,589</b>	Filing Date <b>July 29, 2002</b>	Examiner <b>Dixomara Vargas</b>	Group Art Unit <b>2859</b>
Invention: <b>METHOD AND SYSTEM FOR SHIMMING AN MRI MAGNET ASSEMBLY</b>			

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b> Applicant(s): Jinhua Huang, et al.				Docket No. 124615 (GEM-0032)	
Application No. 10/064,589	Filing Date July 29, 2002	Examiner Dixomara Vargas	Customer No.	Group Art Unit 2859	Confirmation No. 5120
Invention: <b>METHOD AND SYSTEM FOR SHIMMING AN MRI MAGNET ASSEMBLY</b>					
<b><u>COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	31	29 =	2	x \$18.00	\$36.00
INDEP. CLAIMS	7	7 =	0	x \$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$36.00
<p><input type="checkbox"/> No additional fee is required for amendment.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. 07-0845 in the amount of \$36.00</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 <i>Signature</i> David Arnold, Reg. No. 48,894 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Phone: 860-286-2929 Fax: 860-286-0115					
Dated: August 18, 2004					
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CC:					

Appln. No. 10/061,589  
Docket No. 124615 / GEM-0032

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appln. No.: 10/064,589 : Confirmation No.: 5120  
Applicant: Jinhua Huang et al. : Group Art Unit: 2859  
Filed: July 29, 2002 : METHOD AND SYSTEM FOR  
Examiner: VARGAS, Dixomara : SHIMMING AN MRI MAGNET  
Docket No.: 124615 / GEM-0032 : ASSEMBLY

August 18, 2004

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT UNDER 37 CFR 1.111**

Sir:

This is in response under 37 CFR §1.111 to the Office Action dated June 18, 2004, issued in the above-identified application, wherein Applicant requests reconsideration and entry in view of the following amendment and remarks.

**Amendments to the Claims** are reflected in the listing of claims that begins on page 2 of this paper.

**Remarks/Arguments begin on page 11 of this paper.**

**CERTIFICATE OF MAILING OR TRANSMISSION**

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Mary Forcier.  
Name

Mary Forsi  
Signature

August 18, 2004  
Date